



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR CONTINUATION OF LICENSE OR PERMIT DURING MILITARY DEPLOYMENT

INSTRUCTION SHEET

General Information

If you are an active duty military, activated reservist or member of the National Guard who qualifies, you may apply to have your professional license remain active while you are on active military deployments (29 *Del. C.* §8735 (p)). The protection from license or permit expiration provided under this provision does not void or limit your obligations as a licensee to meet all requirements of licensure as required by applicable law.

Applying for License/Permit Continuation

- ☐ Before you are deployed, submit a completed, signed and notarized *Application for Continuation of License or Permit During Military Deployment* form to the board/commission office for your profession.
 - Send the application to the attention of your [Board/Commission office](#).
- ☐ Enclose copy of official deployment documents.

Renewing Your License When You Return from Active Military Deployment

- How long you have to renew your license when you return depends on whether or not you are required to complete continuing education (CE) for renewal of your license/permit. For information about the renewal requirements for your license/permit, refer to the Renewal web page for your profession.

IF continuing education. . .	THEN submit your. . .
<i>is required</i> to renew your license/permit	renewal application, proof of CE and any other proof required <i>within 180 days of your return</i> .
<i>not required</i> to renew your license/permit	renewal application and any proof required <i>within 90 days of your return</i> .

- To obtain a renewal application, contact the Board/Commission office at (302) 744-4500 or email customerservice.dpr@state.de.us. Online renewal applications are not available.
- No late renewal fee will be charged.



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PERSONAL AND LICENSE INFORMATION

1. Name: _____
Last/Family Name First Middle
2. Profession: _____ License Number: _____
3. Mailing Address: _____

City State Zip
4. Phone: _____ Daytime Home Email: _____

MILITARY INFORMATION – Attach copy of official deployment documents.

5. Check military status: ☐ Deployed Active Duty Service Branch: _____
☐ Activated Reservist
☐ Delaware National Guard
6. Duration of Deployment: Effective Date: _____ Anticipated Return Date: _____
7. Supervisor's Contact Name: _____
8. Supervisor's Contact Number: _____ Day Evening
9. I acknowledge that I will contact the Division of Professional Regulation when I return. I understand that I have 90 days after I return to renew my license or permit if no continuing education is required or 180 days after I return if continuing education is required for the renewal of my license. Yes ☐ No ☐

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signed this application, that the statements contained in the application are true, and that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

SIGNATURE OF APPLICANT _____ Date _____

State of _____ County of _____

Sworn to and subscribed to before me this _____ day of _____, 2_____.

Notary Public: _____

My commission expires: _____

SEAL